

# NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

## INTEREST AND DIVIDENDS TAX RETURN

For the CALENDAR year **1995** or other tax year beginning 

Mo	Day	Year

 and ending 

Mo	Day	Year

**Due Date for CALENDAR year is on or before April 16, 1996 or the 15th day of the 4th month after the close of the fiscal period.**

<b>STEP 1</b> <b>Place LABEL HERE</b> <b>Otherwise</b> <b>Please Print</b> <b>or Type</b>	LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER
	SPOUSE'S LAST NAME	FIRST NAME & INITIAL	_____ - _____ - _____
	NAME OF PARTNERSHIP OR FIDUCIARY		SPOUSE'S SOCIAL SECURITY NUMBER
	NUMBER AND STREET ADDRESS		
	CITY OR TOWN, STATE AND ZIP CODE		FEDERAL IDENTIFICATION NUMBER (Partnership or Fiduciary)

<b>STEP 2</b> <b>Entity Type and Mailing Information</b>	<input type="checkbox"/> ① INDIVIDUAL <input type="checkbox"/> ① JOINT <input type="checkbox"/> ③ PARTNERSHIP <input type="checkbox"/> ④ FIDUCIARY              _____ % of NH Ownership			
	<input type="checkbox"/> Check here if you would like your forms or label mailed to an address other than the above. (See instructions)			
	<div style="display: flex; justify-content: space-between;"> <span>Number and Street Address</span> <span>City/Town</span> <span>State</span> <span>Zip</span> </div>			

<b>STEP 3</b> <b>Special</b> <b>Return Type</b>	<input type="checkbox"/> INITIAL RETURN: Date established residency .....	<div>Mo</div> <div>Day</div> <div>Year</div>
	<input type="checkbox"/> FINAL RETURN: Date abandoned residency .....	<div>Mo</div> <div>Day</div> <div>Year</div>
	<input type="checkbox"/> FINAL RETURN: Deceased taxpayer: Social Security # ____ - ____ - ____ Date of death	<div>Mo</div> <div>Day</div> <div>Year</div>
	<input type="checkbox"/> AMENDED RETURN Note: DO NOT USE this form to report an IRS adjustment. File FORM RP-87 A.	

<b>STEP 4</b>	<b>COMPLETE PAGE 2 BEFORE COMPUTING TAX</b>
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<b>STEP 5</b>	6 Gross Taxable Income (Page 2, line 5) .....	6		
<b>Figure Your Net Taxable Income</b>	7 Less: \$2,400 Individual, Partnership, and Fiduciary; \$4,800 Joint.....	7		
	8 Adjusted Taxable Income (Line 6 less line 7) .....	8		
	<b>FOR INDIVIDUAL/JOINT FILERS ONLY: IF LINE 8 IS ZERO OR LESS, YOU ARE NOT REQUIRED TO FILE. HOWEVER, TO BE REMOVED FROM OUR MAILING LIST CHECK HERE AND MAIL IN THE RETURN.....</b>			
	9 Check the exemptions that apply <input type="checkbox"/> Blind <input type="checkbox"/> Spouse Blind <input type="checkbox"/> 65 (or over) _____ or disabled <input type="checkbox"/> Spouse 65 (or over) _____ or disabled <small style="margin-left: 100px;">Year of Birth</small> <span style="margin-left: 200px;"><small>Year of Birth</small></span>			
	Total number of boxes checked _____ x \$1,200= _____	9		
	10 Net Taxable Income (Line 8 less line 9) .....	10		

<b>STEP 6</b> <b>Figure Your Tax, Credits, Interest and Penalties</b>	<b>11 New Hampshire Interest and Dividends Tax</b> (Line 10 x 5%) .....	11		
	<b>12 Payments:</b> (a) Tax paid with Application for Extension .....	12(a)		
	(b) Payment from 1995 Declaration of Estimated Tax ...	12(b)		
	(c) Credit carryover from prior years .....	12(c)		
	(d) Paid with original return (Amended returns only) .....	12(d)		
	<b>13 Balance of Tax Due</b> (Line 11 less line 12) .....	13		
	<b>14 Additions to Tax:</b> (a) Interest (See instructions) .....	14(a)		
	(b) Failure to Pay (See instructions) .....	14(b)		
	(c) Failure to File (See instructions) .....	14(c)		
	(d) Underpayment of Estimated Tax (See instructions) .....	14(d)		

<b>STEP 7</b> <b>Figure Your Balance Due or Overpayment</b>	<b>15 Total Balance Due (Line 13 plus line 14) Make check payable to: State of New Hampshire</b> .....	<b>15</b>		
	<b>16 OVERPAYMENT (Line 12 less line 11 adjusted by line 14, if applicable)</b> 16			
	<b>17 Amount of line 16 to be applied to:</b> (a)your 1996 estimated tax.....	<b>17(a)</b>		
	(b) Refund - Please allow 12 weeks for processing.....	<b>17(b)</b>		

<b>STEP 8</b> <b>Signature</b>	Under penalties of perjury, I declare that I have examined this return and to the best of my belief it is true, correct and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge.		
	Signature _____		Date _____
	Signature of Paid Preparer Other Than Taxpayer _____		
	If joint return, BOTH husband and wife must sign, even if only one had income. _____		Date _____
	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>MAIL TO:</b> DOCUMENT PROCESSING DIVISION  P.O. BOX 2072  CONCORD, NH 03302-2072 </div>		
	Preparer's Identification Number _____ Date _____		
	Preparer's Address _____		
	City or Town, State, and Zip Code _____		

## REPORT OF INTEREST AND DIVIDENDS INCOME

**TAX YEAR 1995**

**1 From Your Federal Income Tax Return:**

**(a) Interest Income [IRS Form 1040/1040A, line 8(a)].....1(a)**

**(b) Dividend Income [IRS Form 1040, schedule B, line 6 or see instructions]..... 1(b)**

**(c) Federal Tax Exempt Interest Income [IRS Form 1040/1040A, line 8(b)].....1(c)**

## 2 List Distributions From S-Corporations, Partnerships, and Fiduciaries:

**Entity codes: 2="S" or other Corporations; 3=Partnerships; 4=Trusts or Estates; 5=Other**

(A) ENTITY CODE	(B) NAME OF PAYOR	(C) PAYOR'S IDENTIFICATION NUMBER	(D) DISTRIBUTION AMOUNT	
Total from supplemental schedule attached				
Total Distributions.....2				

**3 Subtotal [Sum of lines 1(a), 1(b), 1(c) and 2].....3**

**4 List payors and amounts of interest and/or dividends NOT TAXABLE to NH included on lines 1(a), 1(b), 1(c), or 2.**

[illegible]

**5 Gross Taxable Income** (Line 3 minus line 4).ENTER THIS AMOUNT ON PAGE 1, LINE 6.....5